

APPLICATION DATA SHEET

Application Information		
Application Number::	10/617,038	
Filing Date::	July 11, 2003	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::		
Suggested Group Art Unit::	1614	
CD-ROM or CD-R::	None	
Number of CD disks::		
Number of Copies of CDs::		
Sequence Submission?::	Yes	
Computer Readable Form (CRF)?::	Yes	
Number of Copies of CRF::	1	
Title::	Therapeutic TB Vaccine	
Attorney Docket Number::	SSI5AUSA	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	7	
Small Entity::	No	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::		
Contract or Grant Number::		
Secrecy Order in Parent Application::		

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	<u>Danish</u>	
Status::	Full Capacity	
Given Name::	Peter	
Middle Name::		
Family Name::	Andersen	
Name Suffix::		
City of Residence::	Brønshøj	
State or Province of Residence::		
Country of Residence::	Denmark	
Street of Mailing Address::	Sparresholmvej 47	
City of Mailing Address::	Brønshøj	
State or Province of Mailing Address::		
Country of Mailing Address::	Denmark	
Postal or Zip Code of Mailing Address::	DK-2700	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Danish	
Status::	Full Capacity	
Given Name::	lda	
Middle Name::		
Family Name::	Rosenkrands	
Name Suffix::		
City of Residence::	Vaerløse	
State or Province of Residence::		
Country of Residence::	Denmark	
Street of Mailing Address::	Kastaniehaven 9	
City of Mailing Address::	Vaerløse	
State or Province of Mailing Address::		
Country of Mailing Address::	Denmark	
Postal or Zip Code of Mailing Address::	DK-3500	

Applicant Information			
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	<u>Danish</u>		
Status::	Full Capacity		
Given Name::	Anette		
Middle Name::			
Family Name::	Stryhn		
Name Suffix::			
City of Residence::	Virum		
State or Province of Residence::			
Country of Residence::	Denmark		
Street of Mailing Address::	Astilbehaven 160, st. tv.		
City of Mailing Address::	Virum		
State or Province of Mailing Address::			
Country of Mailing Address::	Denmark		
Postal or Zip Code of Mailing Address::	DK-2830		

Correspondence Information		
Correspondence Customer Number::	00270	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	CKodroff@HowsonandHowson.com	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	Non-provisional of	60/401,725	08/7/2002

Foreign Priority Information					
Country Application Number Filing Date Priority Claim					
Denmark	PA 2002 01098	07/13/2002	Yes		

Assignee Information		
Assignee Name::	Statens Serum Institute	
Street of Mailing Address::	Artillerivej 5	
City of Mailing Address::	Copenhagen S	
State or Province of Mailing Address::		
Country of Mailing Address::	Denmark	
Postal or Zip Code of Mailing Address::	DK-2300	